

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6/25</u>	2. Fiscal Year Covered From: <u>1/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>JOHN D. BRUGOS</u> P.O. Box, Bldg., Room No., if any Street <u>311 MAPLE AVENUE</u> City <u>LA PORTE</u> State <u>INDIANA</u> ZIP Code + 4 <u>46350</u>	4. Name, file number, and address of labor organization. Name <u>INDIANA/KENTUCKY REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>060114</u> P.O. Box, Building and Room Number, if any Street <u>2635 MADISON AVENUE</u> City <u>INDIANAPOLIS</u> State <u>INDIANA</u> ZIP Code + 4 <u>46225-2110</u>
5. Position in labor organization. <u>CARPENTER BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John D. Brigos

On

8-9-05

Date

(219) 362-9732

Telephone Number

Name of Person Filing **JOHN D. BRUGOS**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **NORTHWEST INDIANA REGIONAL COUNCIL OF CARPENTERS PENSION TRUST FUND**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2111 WEST LINCOLN HIGHWAY**

City **MERRILLVILLE**

State **INDIANA** ZIP Code + 4
46410-5334

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **NORTHWEST INDIANA REGIONAL COUNCIL OF CARPENTERS PENSION TRUST FUND**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2111 WEST LINCOLN HIGHWAY**

City **MERRILLVILLE**

State **INDIANA** ZIP Code + 4
46410-5334

11.a. Nature of such dealing.

TRUSTEE FOR FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

INTERNATIONAL FOUNDATION BENEFITS CONFERENCE - HELD IN NEW ORLEANS CONFERENCE REGISTRATION, HOTEL, TRAVEL AND EXPENSES - PER PLAN DOCUMENTS TO UPDATE TRUSTEES ON EDUCATIONAL, LEGAL AND D.O.L. GUIDELINES

12.b. Amount. **\$ 3,692.92**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing JOHN D. BRUGOS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NORTHWEST INDIANA REGIONAL COUNCIL
OF CARPENTERS PENSION TRUST FUND
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2111 WEST LINCOLN HIGHWAY

City MERRILLVILLE

State INDIANA ZIP Code + 4
46410-5334

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name STEWART C. MILLER & Co., INC.

Trade Name, if any:

ADMINISTRATIVE PROCEDURES
P.O. Box, Bldg., Room No., if any

Street 2111 WEST LINCOLN HIGHWAY

City MERRILLVILLE

State INDIANA ZIP Code + 4
46410-5334

11.a. Nature of such dealing.

FUND
ADMINISTRATOR

11.b. Approximate dollar value of such dealing. \$218,000.⁰⁰

12.a. Nature of interest held or income received.

TIN OF POPCORN
(CHRISTMAS GIFT)

12.b. Amount. \$ 30.⁹⁸

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

JOHN D. BRUGOS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **NORTHWEST INDIANA REGIONAL COUNCIL OF
CARPENTERS PENSION TRUST FUND**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2111 WEST LINCOLN HIGHWAY**City **MERRILLVILLE**State **INDIANA**

ZIP Code + 4

46410-5334

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **BANK CALUMET**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **5231 HOFFMAN AVENUE**City **HAMMOND**State **INDIANA**

ZIP Code + 4

46320

11.a. Nature of such dealing.

BANK FOR TRUST FUND11.b. Approximate dollar value of such dealing. **\$25,000,000.00**

12.a. Nature of interest held or income received.

**CHRISTMAS WREATH
(CHRISTMAS GIFT)**

12.b. Amount.

\$ 45.00 (EST)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

JOHN D. BRUGOS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **INDIANA/KENTUCKY REGIONAL COUNCIL OF CARPENTERS**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2635 MADISON AVENUE**City **INDIANAPOLIS**State **INDIANA**

ZIP Code + 4

46225-2110

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **INDIANA REGIONAL COUNCIL OF CARPENTERS JOINT APPRENTICESHIP TRUST FUND**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **6125 EAST 38TH STREET**City **INDIANAPOLIS**State **INDIANA**

ZIP Code + 4

46226-5603

11.a. Nature of such dealing.

APPRENTICESHIP TRAINING**FUNDED THROUGH THE COLLECTIVE BARGAINING AGREEMENTS**11.b. Approximate dollar value of such dealing. **UNKNOWN**

12.a. Nature of interest held or income received.

APPRENTICE GRADUATION DINNER**MY WIFE AND I**

12.b. Amount.

\$ 120.⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.